

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90167 004 ***150.00

DOCUMENT # P03000000917					
1. Entity Name DONALD C. MORROW, INC.					
Principal Place of Business 13102 N. OREGON AVENUE TAMPA, FL 33612			Mailing Address 13102 N. OREGON AVENUE TAMPA, FL 33612		
2. Principal Place of Business		3. Mailing Address <i>3355 Bearss Ave</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Tampa, FL</i>		4. FEI Number <i>14-1863997</i>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip <i>33618</i>		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SANDERS, WALTER 3355 BEARSS AVENUE TAMPA, FL 33618			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Walter Sanders</i> <i>Walter Sanders</i> <i>4/26/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORROW, DONALD C 13102 N. OREGON AVENUE TAMPA, FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Donald Morrow</i> <i>Donald Morrow</i>				Date <i>4/29/04</i> Daytime Phone #	